

May 2018

Prior authorization requirements for Cabazitaxel (Jevtana)

Summary of update: Effective September 1, 2018, prior authorization (PA) requirements will change for injectable drug Cabazitaxel (Jevtana) to be covered by Healthy Blue. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- Cabazitaxel (Jevtana) — injection, 1 mg (J9043)

To request PA, you may use one of the following methods:

- **Web:** <https://www.availity.com>
- **Fax:**
 - 1-888-822-5595 (for inpatient)
 - 1-888-822-5658 (for outpatient)
- **Phone:** 1-844-521-6942

What if I need assistance?

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool (<https://www.availity.com>). Contracted and noncontracted providers who are unable to access Availity may call us at **1-844-521-6942** for PA requirements.

<https://providers.healthybluelouisiana.com>

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